

## SOLDIER INFORMATION FIELD FORM

**NOTE: This form is to be printed out and used for gathering field information. Do not attempt to fill it out electronically. All information will be exactly as it is shown on the soldier's headstone. Names (and /or initials) and dates shall be entered on the Graves Registration Form exactly as they are on the headstone. Unit information taken as it is shown on the headstone shall be matched with one of the Official Unit designations shown in the drop-box on the Graves Registration Form. Highlighted information is required.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name(s)(All): \_\_\_\_\_

Title(Before Name): \_\_\_\_\_ Suffix(After Name): \_\_\_\_\_

DOB: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ DOD: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Rank: \_\_\_\_\_ Branch: \_\_\_\_\_

Unit: \_\_\_\_\_

Company: \_\_\_\_\_ Naval Vessel: \_\_\_\_\_

State of Origin for Unit: \_\_\_\_\_ Decoration: \_\_\_\_\_

Cemetery Name: \_\_\_\_\_

Cemetery Address or Location: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Plot #: \_\_\_\_\_ Row #: \_\_\_\_\_ Section #: \_\_\_\_\_

Is Grave Marked:	YES:	NO :	Family Stone:	YES :	NO :
Issued Stone:	FLAT :	UPRIGHT :	Cross of Honor:	YES :	NO :
Guardian Program:	YES :	NO :	Needs Cleaning:	YES :	NO :

Guardian's Name: \_\_\_\_\_

Camp & Camp #: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Wife: \_\_\_\_\_

**CERTIFICATION: (Contact information of person submitting data and documentation.)**

Name: \_\_\_\_\_

Camp & Camp #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #s: \_\_\_\_\_

Visited Grave:	YES:	NO:	Date:
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Documentation:(If grave was not visited give official records where information was obtained) \_\_\_\_\_

Other information on Soldier:

Ethnicity: Black: \_\_\_\_\_ Jewish: \_\_\_\_\_ Native American: \_\_\_\_\_ Hispanic: \_\_\_\_\_ White: \_\_\_\_\_ Unknown: \_\_\_\_\_

Comments: